U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E READ THE INSTRUCTIONS CAREFUL	
Cure	
1. File Number U - 8203	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name KEITH GORDON	Name PLUMBERS LOCAL UNION NO. 200
	Labor Organization File Number 529-417
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2123 5TH AVENUE	Street 2123 5TH AVENUE
City RONKONKOMA	City RONKONKOMA
State New York ZIP Code + 4 11779	State New York ZIP Code + 4 11779
5. Position in labor organization.  TRAINING COORDINATOR / FINANCE	E COMM
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	The state of the s
1	
P.O. Box, Bldg., Room No., if any	7,b, Amount,
Street	
City	
State ZIP Code + 4	Access of the SECTION of the Control
	ature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed That Garh	On 8/15/05 63/- 567- 30-83  Telephone Number
	a disprisite regimes

Name of Person Filing KEITH GORDON	File Number <b>U-</b>	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PLUMBERS LOCAL UNION NO. 200	[ <b>7</b> .7]	
Trade Name, if any: APPRENTICE TRAINING FUND	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1 AMES COURT SUITE 210	c. Employer	
City PLAINVIEW		
State New York ZIP Code + 4 11803		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PLUMBERS LOCAL UNION NO. 200	Collectively bargained benefit fur	nd.
Trade Name, if any: APPRENTICE TRAINING FUND		
P.O. Box, Bldg., Room No., if any		We organized it declarates
Street 1 AMES COURT SUITE 210		
City PLAINVIEW	Approximate dollar value of such dealing.      Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
State New York ZIP Code + 4 11803	APPRENTICE GRADUATION DINNER held	on 6/12/2004
	12.b. Amount.	\$65
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		According to the Accord
Trade Name, if any:		and the second s
P.O. Box, Bldg., Room No., if any		nd prominent and an artist and an artist and artist artist artist and artist
Street	TENERAL DOCUMENTS OF THE PROPERTY OF THE PROPE	pomijip) (c majo
City	de la constanta de la constant	essa verenerazio per
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	W

Name of Person Filing KEI		File Number <b>U-</b>	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name PLUMBERS LOCAL UNION NO. 200  Trade Name, if any: APPRENTICE TRAINING FUND  P.O. Box, Bidg., Room No., if any  Street 1 AMES COURT SUITE 210  City PLAINVIEW	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
State New York ZIP Code + 4 11803	dd a Natura of the Land	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	11.a. Nature of such dealing.  A collectively bargained fund.	
State New York ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	2000 CON STREET CONTROL CONTRO
	REIMBURSEMENT OF EXPENSES FOR ATTE INSTRUCTORS TRAINING CONFERENCE -	i i
	12.b. Amount.	\$5,818

Name of Person Filing KEITH GORDON	File Number U-
	4

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS LOCAL UNION NO. 200	a. Labor Organization
Trade Name, if any: AppRENTICE TRAINING FUND	X a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1 AMES COURT SUITE 210	c. Employer
City PLAINVIEW	
State New York ZIP Code + 4 11803	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Collectively bargained fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State New York ZIP Code + 4	
New York	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	REIMBURSEMENT OF EXPENSES FOR ATTENDANCE AT TRAINING CONFERENCE - NAPT
	12.b. Amount. \$2,003

Form LM-30 (2003) Page 4 of 4